FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
[SECTION 53(1) OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2 OF 2000

[Regulation 10]

Note:

1. Affidavits or other documentary evidence as applicable in support of the objection may be attached.
2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
3. Complete as is applicable.

A	Particulars of a private body
The head	
B	Particulars of the person requesting access to the record
The particulars of the person who requests access to the record must be given below, as well as the South African address, email or fax number to which the information must be sent. You must also attach proof of the capacity in which the request is made (if applicable).	
Full name and surname	
Identity number	
Postal address	
Tel	
Fax	

Email	
The capacity in which the request is made if on behalf of another person	
C	Particulars of person on whose behalf the request is made
This section must be completed **only** if a request for information is made on behalf of another person.	
Full name and surname	
Identity number	
D	Particulars of record
• Give the full particulars of the record to which access is requested, including the reference number (if you know it) so that the record can be located. • If the space below is not enough, please continue on a separate page and attach it to this form. **You must sign all the additional pages.**	
Description of record or relevant part of the record	
Reference number (if available):	
Any other particulars of the record	

E	Fees

- A request for access to a record other than a record with your personal information will be processed only after you have paid the relevant fee. (We will let you know how much it is).
- The fee payable for access to a record depends on the form in which access is required and the reasonable time needed to search for and prepare the record.

If you qualify for exemption of any fee, please tell us why.	

F	Form of access to record

If, due to disability, you cannot read, view or listen to the record in the form provided for in 1 to 4, state your disability and indicate in which form you need it.

Description of disability	
Form in which record is required	

Mark the appropriate box with an "x".

Notes

- Compliance with your request in the specified form may depend on the form in which the record is available.
- Access in the form requested may be refused in certain circumstances. If this happens, we will let you know if access will be granted in another form.
- The fees payable for access to the record (if any) will be determined partly by the form in which access is requested.

If the record is in written or printed form:

☐ Copy of record*

☐ Inspection of record

If the record has visual images (including photographs, slides, video recordings, computer-generated images, sketches, etc):

- [ ] View the images
- [ ] Copy of images*
- [ ] Transcription of the images*

If the record has recorded words or information that can be reproduced in sound:

- [ ] Listen to the soundtrack (audio cassette)
- [ ] Transcription of the soundtrack* (written or printed document)

If the record is on computer or in an electronic or machine-readable form:

- [ ] Printed copy of record*
- [ ] Printed copy of information derived from the record*
- [ ] Copy in computer-readable form* (compact disc)

*** If you ask for a copy or transcription of a record (above), do you want the copy or transcription to be posted to you? (Postage is payable.)**

- [ ] Yes
- [ ] No

G	Particulars of the right to be exercised or protected
If the provided space is not enough, please continue on a separate page and attach it to this form. You must sign all the additional pages.	
What right to you want to exercise or protect?	
Explain why you need the record to exercise or protect this right.	
H	Notice of decision about your request for access
We will let you know in writing if your request has been approved or denied. If you want us to let you know in another way, please tell us and give us the necessary contact details.	
How should we inform you about the decisions regarding your request?	

Signed at ..... this ..... day of ..... 20 .....

.....

Signature of requester or person on whose behalf the request is made